

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 124
 Registered No. 137

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 90 Kinney Drive St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Cortez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 1st 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth April 2 - 1927
 Month Day Year

8. FATHER
 Full name Epiphany Cortez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Vera Cruz, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Segunda Terma
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Sinoloa, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 3
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5:55 P. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Beryl M. Brown M.D.
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona

Month, day, year Apr 12, 1927
 Registrar B. E. Finn

439-402-231

A separate schedule must be made for each, and the number of each in order of birth stated.